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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number

10 811 0 93

Filing Date

3/26/04

First Named Inventor

Group Art Unit

Examiner Name

Attorney Docket Number

To: Assistant Commissioner for Patents  
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

CHANGE OF EMPLOYMENT.

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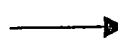
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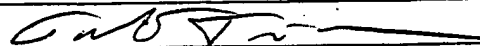
Fax

This request is enclosed in triplicate.

Name

PAOLO M. TREVISAN

Signature



Date

01/08/2010

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.